

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038572

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 223

STATE FILE NUMBER

FILED SEP 27 1963

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		c. CITY OR TOWN GIDEON	
Length of stay in lb 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First Middle Last		4. DATE OF DEATH Month Day Year	
ROBERT ARDELL COOK				9-17-63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-6-1884	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY no		11. BIRTHPLACE (City and state or country) Pomona, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Cook		13b. MOTHER'S MAIDEN NAME Anna Cook	
14. NAME OF HUSBAND OR WIFE Anna Cook		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Delta Cook Gideon, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA PULM. EMPHYSEMA DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CH. SCLER. HEART DIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 9:13. 63	
20f. CITY, TOWN, OR LOCATION SiKESTON, MO		COUNTY		STATE	
21. I attended the deceased from Death occurred at 1:30 P.		to 9-17-63		and last saw him alive on 9-17-63	
22a. SIGNATURE Carl G. Rogers MA.		22b. ADDRESS SiKESTON, MO		22c. DATE SIGNED 9-18-63	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-20-1963		23c. NAME OF CEMETERY OR CREMATORY Stansfield Cern.	
23d. LOCATION (City, town, or county) Clarkton, Mo.		23e. DATE RECD. BY LOCAL REG. Sept 24 1963		23f. REGISTRAR'S SIGNATURE Jeanette Waldman	
24. FUNERAL DIRECTOR Lloyd M. Russell		24a. ADDRESS Liggett, Ark.		24b. DATE RECD. BY LOCAL REG. Sept 24 1963	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

No Permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Lloyd M. Russell

Licensed Embalmer No. _____

509- Ark.

P. O. Address _____

Piggott, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.